Site visit inspection report on compliance with HTA minimum standards

Propath UK Limited

HTA licensing number 12613

Licensed under the Human Tissue Act 2004 for the

- **storage of relevant material which has come from a human body for use for a scheduled purpose**

25 September 2014

Summary of inspection findings

The HTA found the Designated Individual, the Licence Holder and the premises to be suitable in accordance with the requirements of the legislation.

Although the HTA found that Propath UK Limited (the establishment) had met almost all of the HTA standards, a minor shortfall was identified in relation to risk assessments (Governance and Quality Systems standard, GQ8).

Particular examples of good practice are included in the concluding comments section of the report.

The HTA's regulatory requirements

The HTA must assure itself that the Designated Individual (DI), Licence Holder, premises and practices are suitable.

The statutory duties of the Designated Individual are set down in Section 18 of the Human Tissue Act 2004. They are to secure that:

- the other persons to whom the licence applies are suitable persons to participate in the carrying-on of the licensed activity;
- suitable practices are used in the course of carrying on that activity; and
- the conditions of the licence are complied with.

The HTA developed its licensing standards with input from its stakeholders. They are designed to ensure the safe and ethical use of human tissue and the dignified and respectful treatment of the deceased. The HTA inspects the establishments it licences against four groups of standards:

- consent
- governance and quality systems
- premises facilities and equipment
- disposal.

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that a standard is not met, the level of the shortfall is classified as 'Critical', 'Major' or 'Minor' (see Appendix 2: Classification of the level of shortfall). Where HTA standards are fully met, but the HTA has identified an area of practice that could be further improved, advice is given to the DI.

Reports of HTA inspections carried out from 1 November 2010 are published on the HTA's website.

Background to the establishment and description of inspection activities undertaken

This report describes the first routine site visit inspection of Propath UK Limited, which has been licensed by the HTA since 2013.

The establishment offers specialist histology and molecular pathology services to its clients. Human tissue stored at the establishment is used specifically in tissue cross-reactivity studies to investigate the binding of novel preclinical antibodies. Tissue is purchased from a commercial supplier, and the DI has obtained assurance from the supplier that consent is in place for the purpose to which the tissue is subsequently used.

The establishment maintains a log of all tissue received, which includes the suppliers unique identification number. In addition each tissue sample is assigned an unique Propath number upon receipt which is used for study identification purposes. Study worksheets record each slide produced and detail the tissue block from which it was prepared. Independent pathologists are required to visit the establishment to review study slides, since the establishment does not currently transport material off site. Following study completion all documentation and associated slides are transferred to the establishments archive for secure storage.

Research tissue samples are stored in a single monitored -80°C freezer. The freezer is equipped with a local audible alarm and is additionally monitored by a system which incorporates an external dial out function to alert relevant staff of an alarm condition. Temperature is recorded daily during the working week. The freezer is also equipped with a data logger, however this function is not currently utilised. At the time of inspection the freezer was less than one year old and under warranty. The warranty arrangement includes provision of a replacement freezer in the instance of equipment failure.

Tissue is logged out of the freezer during use, and any waste created during sectioning is denatured and stored separately to be disposed of as clinical waste. Procedures are in place

for disposal however the establishment has yet to create sufficient volume to initiate disposal procedures.

The establishment is accredited by the UK Medicines and Healthcare products Regulatory Authority for compliance with Good Laboratory Practice and Good Clinical Practice standards.

The inspection included a review of documentation relevant to the establishment's activities, a visual inspection of the premises, and meetings with members of staff performing licensable activities, including: the Designated Individual, who is the Director of Molecular Pathology; and a Technician. During the visual inspection it was identified that the establishment was not displaying it's HTA Certificate of Licence. The DI is reminded that it is a Standard Condition of the licence (Annex B) that the Certificate of Licence be displayed at the premises to which the licence relates.

A traceability audit was conducted on three tissue samples. The identity and storage location of each item was cross-referenced with the establishment's records. Traceability was maintained throughout.

Inspection findings

The HTA found the Designated Individual and the Licence Holder to be suitable in accordance with the requirements of the legislation.

Compliance with HTA standards

Governance and Quality

Standard	Inspection findings	Level of shortfall
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately.	There are currently no formalised risk assessments in place. Risk assessments should cover risks specific to human tissue (for example, loss of traceability, freezer failure, etc) and document the procedures in place to mitigate such risks.	**Minor**

Advice

The HTA advises the DI to consider the following to further improve practices:

No.	Standard	Advice
1.	GQ1	The establishment has standard operating procedures (SOPs) in place, however some of these documents are past their review date. The DI is advised to ensure that SOPs are reviewed and where relevant updated to maintain compliance with internal policy. The DI is advised to update the SOP on fridge and freezer operation and maintenance to include the external freezer alarm monitoring arrangements currently in place.
2.	GQ1	The establishment conducts weekly meetings with senior members of staff to discuss current and upcoming activity. Whilst these offer a forum for discussing HTA related matters these meetings are not minuted or open to all staff working under the licence. To improve communication regarding licensable activities, the DI is advised to establish periodic, minuted meetings which are open to all members of staff performing licensable activities.
3.	GQ2	There is an audit schedule which includes regular inspection by an external quality assurance company. Documentation relating to licensable activities is reviewed during these inspections, however the DI is advised to ensure that the scope of these inspections is extended to include vertical and horizontal traceability audits of stored human tissue.
4.	GQ3	Staff are appropriately qualified and trained in the techniques relevant to their work. Section Heads are responsible for conducting staff appraisals, however these procedures are not formally documented. The DI may wish to consider formally documenting the staff appraisal procedure.
5.	GQ6	The establishment has a coding and records system which facilitates traceability, and to date has performed one study under the licence. As the number of studies undertaken increases the DI is advised to review the records procedure to ensure that all slides generated during the course of these studies remain traceable.
6.	PFE3	The freezer has a local alarm and a 24 hour alarm monitoring system in place, however these systems are not subject to routine testing. The DI is advised to test the alarm systems periodically to confirm that the alarms and the associated procedures function as expected. Since freezer temperature is only recorded during the working week, the DI may wish to consider utilising the freezers data logging function. Periodic review of this data will enable the DI to assure himself that the freezer is functioning correctly and will facilitate early identification of potential equipment failure.
7.	N/A	The DI may wish to consider identifying a Person(s) Designated to assist in the governance of licensable activities, for example, to act as a point of contact when the DI is unavailable.

Concluding comments

There were a number of areas of good practice observed during the inspection. Work utilising human tissue constitutes just a small part of the establishments daily activity, however this work is currently only performed by either the DI or a single trained technician ensuring that the establishment has good oversight of licensable activities.

The establishment has a detailed induction and training programme which includes competency assessment prior to undertaking licensable activities. The training records of all staff are also subject to annual review, which enables staff training needs to be identified.

The establishment participates in regular external audits of procedures and practices in order to maintain compliance with GLP/GCP standards and, upon HTA licensing, these audits have been extended to include all documentation relating to activity conducted under the establishment's licence.

There are some areas of practice that may benefit from further improvement and the HTA has given advice and guidance to the DI with respect to these.

The HTA requires that the Designated Individual address the shortfall by submitting a completed corrective and preventative action (CAPA) plan within 14 days of receipt of the final report (refer to Appendix 2 for recommended timeframes within which to complete actions). The HTA will then inform the establishment of the evidence required to demonstrate that the actions agreed in the plan have been completed.

The HTA has assessed the establishment as suitable to be licensed for the activities specified subject to corrective and preventative actions being implemented to meet the shortfall identified during the inspection.

Report sent to DI for factual accuracy: 08 October 2014

Report returned from DI: 24 October 2014

Final report issued: 29 October 2014

Inspection CAPA Plan Closure Statement:

Completion of corrective and preventative actions (CAPA) plan

Based on information provided, the HTA is satisfied that the establishment has completed the agreed actions in the CAPA plan and in doing so has taken sufficient action to correct all shortfalls addressed in the Inspection Report.

Date: 3 March 2015

Appendix 1: HTA standards

The HTA standards applicable to this establishment are shown below; those not assessed during the inspection are shown in grey text. Individual standards which are not applicable to this establishment have been excluded.

Governance and quality system standards
GQ1 All aspects of the establishments work are supported by ratified documented policies and procedures as part of the overall governance process
• Policies and procedures are in place, covering all activities related to the storage of relevant material for research in connection with disorders, or the functioning, of the human body • Appropriate risk management systems are in place • Regular governance meetings are held; for example, health and safety and risk management committees, agendas and minutes • Complaints system
GQ2 There is a documented system of quality management and audit
• A document control system, covering all documented policies and standard operating procedures (SOPs). • Schedule of audits • Change control mechanisms for the implementation of new operational procedures
GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills
• Qualifications of staff and training are recorded, records showing attendance at training • Orientation and induction programmes • Documented training programme, (e.g. health and safety, fire, risk management, infection control), including developmental training • Training and reference manuals • Staff appraisal / review records and personal development plans are in place
GQ4 There is a systematic and planned approach to the management of records
• Documented procedures for the creation, amendment, retention and destruction of records • Regular audit of record content to check for completeness, legibility and accuracy • Back-up / recovery facility in the event of loss of records • Systems ensure data protection, confidentiality and public disclosure (whistle-blowing)
GQ5 There are documented procedures for distribution of body parts, tissues or cells
• A process is in place to review the release of relevant material to other organisations • An agreement is in place between the establishment and the organisation to whom relevant

material is supplied regarding the tracking and use of material and eventual disposal or return
GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail
• There is an identification system which assigns a unique code to each donation and to each of the products associated with it • An audit trail is maintained, which includes details of when and where the relevant material was acquired, the consent obtained, the uses to which the material was put, when the material was transferred and to whom
GQ7 There are systems to ensure that all adverse events are investigated promptly
• Corrective and preventive actions are taken where necessary and improvements in practice are made • System to receive and distribute national and local information (e.g. HTA communications)
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately
• Documented risk assessments for all practices and processes • Risk assessments are reviewed when appropriate • Staff can access risk assessments and are made aware of local hazards at training

Premises, facilities and equipment standards
PFE1 The premises are fit for purpose
• A risk assessment has been carried out of the premises to ensure that they are appropriate for the purpose • Policies in place to review and maintain the safety of staff, authorised visitors and students • The premises have sufficient space for procedures to be carried out safely and efficiently • Policies are in place to ensure that the premises are secure and confidentiality is maintained
PFE 2 Environmental controls are in place to avoid potential contamination
• Documented cleaning and decontamination procedures • Staff are provided with appropriate protective equipment and facilities that minimise risks from contamination • Appropriate health and safety controls are in place

PFE3 There are appropriate facilities for the storage of bodies, body parts, tissues and cells, consumables and records.

- Relevant material, consumables and records are stored in suitable secure environments and precautions are taken to minimise risk of damage, theft or contamination
- Contingency plans are in place in case of failure in storage area
- Critical storage conditions are monitored and recorded
- System to deal with emergencies on 24 hour basis
- Records indicating where the material is stored in the premises

PFE 4 Systems are in place to protect the quality and integrity of bodies, body parts, tissues and cells during transport and delivery to a destination

- Documented policies and procedures for the appropriate transport of relevant material, including a risk assessment of transportation
- A system is in place to ensure that traceability of relevant material is maintained during transport
- Records of transportation and delivery
- Records are kept of any agreements with recipients of relevant material
- Records are kept of any agreements with courier or transport companies

PFE5 Equipment is appropriate for use, maintained, quality assured, validated and where appropriate monitored

- Records of calibration, validation and maintenance, including any agreements with maintenance companies
- Users have access to instructions for equipment and receive training in use and maintenance where appropriate
- Staff aware of how to report an equipment problem
- Contingency plan for equipment failure

Disposal Standards

D1 There is a clear and sensitive policy for disposing of human organs and tissue

- Documented disposal policy
- Policy is made available to the public
- Compliance with health and safety recommendations

D2 The reason for disposal and the methods used are carefully documented

- Standard operating procedures (SOPs) for tracking the disposal of relevant material detail the method and reason for disposal
- Where applicable, disposal arrangements reflect specified wishes

Appendix 2: Classification of the level of shortfall

Where the HTA determines that a licensing standard is not met, the improvements required will be stated and the level of the shortfall will be classified as 'Critical', 'Major' or 'Minor'. Where the HTA is not presented with evidence that an establishment meets the requirements of an expected standard, it works on the premise that a lack of evidence indicates a shortfall.

The action an establishment will be required to make following the identification of a shortfall is based on the HTA's assessment of risk of harm and/or a breach of the HT Act or associated Directions.

1. **Critical shortfall:**

   A shortfall which poses a significant risk to human safety and/or dignity or is a breach of the Human Tissue Act 2004 (HT Act) or associated Directions

   or

   A combination of several major shortfalls, none of which is critical on its own, but which together could constitute a critical shortfall and should be explained and reported as such.

   A critical shortfall may result in one or more of the following:

   (1) A notice of proposal being issued to revoke the licence

   (2) Some or all of the licensable activity at the establishment ceasing with immediate effect until a corrective action plan is developed, agreed by the HTA and implemented.

   (3) A notice of suspension of licensable activities

   (4) Additional conditions being proposed

   (5) Directions being issued requiring specific action to be taken straightaway

2. **Major shortfall:**

   A non-critical shortfall that:

   - poses a risk to human safety and/or dignity, or
   - indicates a failure to carry out satisfactory procedures, or
   - indicates a breach of the relevant CoPs, the HT Act and other relevant professional and statutory guidelines, or
   - has the potential to become a critical shortfall unless addressed

   or

   A combination of several minor shortfalls, none of which is major on its own, but which, together, could constitute a major shortfall and should be explained and reported as such.

   In response to a major shortfall, an establishment is expected to implement corrective and preventative actions within 1-2 months of the issue of the final inspection report. Major shortfalls pose a higher level of risk and therefore a shorter deadline is given, compared to minor shortfalls, to ensure the level of risk is reduced in an appropriate timeframe.

3. **Minor shortfall:**

A shortfall which cannot be classified as either critical or major, but which indicates a departure from expected standards.

This category of shortfall requires the development of a corrective action plan, the results of which will usually be assessed by the HTA either by desk based or site visit.

In response to a minor shortfall, an establishment is expected to implement corrective and preventative actions within 3-4 months of the issue of the final inspection report.

Follow up actions

A template corrective and preventative action plan will be sent as a separate Word document with both the draft and final inspection report. You must complete this template and return it to the HTA within 14 days of the issue of the final report.

Based on the level of the shortfall, the HTA will consider the most suitable type of follow-up of the completion of the corrective and preventative action plan. This may include a combination of

- a follow-up site-visit inspection
- a request for information that shows completion of actions
- monitoring of the action plan completion
- follow up at next desk-based or site-visit inspection.

After an assessment of your proposed action plan you will be notified of the follow-up approach the HTA will take.